Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3420HOS	A. BUILDING _____ B. WING _____	03/29/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY HOSPITAL MEDICAL CENTEI	5400 SOUTH RAINBOW BLVD LAS VEGAS, NV 89118

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 3/25/10 and finalized on 3/29/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00024833 was substantiated with deficiencies cited. (See Tag S 145) Complaint #NV00024602 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000	4-8-10 accepted Opposition	
S 145 SS=D	NAC 449.332 Discharge Planning 3. A hospital shall, at the earliest possible stage of hospitalization, identify each patient who is likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning. The hospital shall provide for an evaluation of the needs related to discharge planning of each patient so identified. This Regulation is not met as evidenced by: Based on interview, record review and document	S 145		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 4/8/10

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S 145	Continued From page 1 review, the facility failed to provide an accurate discharge assessment for Patient #1 per the facility policy. 1. The facility did not ascertain the patient's ability to afford discharge medications and discharged the patient with three medications the patient was unable to afford. Severity: 2 Scope: 1	S 145	Tag S 145 ***What corrective action will be accomplished for those residents found to have been affected by the deficient practice:*** The patient has been discharged and received treatment at another facility. It is not possible to address the concern. ***How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:*** All non-funded patients have the potential to be affected. All patients that are registered as unfunded will receive a Community Resource packet from the admitting representative. This packet will include a list of the clinics for the uninsured, a list of the local $4 drug programs and an application for a Clark County medical card. The distribution of this packet will be documented by the admitting personnel in their documentation system. The facility policy regarding discharge planning will be revised to reflect this practice ***What measures will be put into place to ensure that the deficient practice does not recur and how will the facility monitor its corrective actions:*** The facility will randomly monitor inpatients admitted as unfunded in order to verify the patient's receipt of the above mentioned Community Resource Packet. Monitoring will occur until sustained compliance is achieved. **Individual Responsible:** Manager of Case Management **Date of Completion:** 4/30/10	